**Examination Certificates**

**Third Party Collection - Permission Slip**

**Student Name…………………………………………….. (Print)**

**Year 10 -11 - 12 - 13 (Circle as applicable)**

**I authorise the person named below to collect and sign for my Examination**

**Certificates on my behalf:**

**Name of person collecting………………………………………………….. (Print)**

**Relationship to Student, i.e. parent…………………………………………. (Print)**

**Student Signature………………………………………………………………..**

**Date…………………………**

**NB: The person collecting the results will be required to produce a form of identification i.e. Driving Licence/Passport and this permission slip.**